

UNITED STATES DISTRICT COURT *
SOUTHERN DISTRICT OF NEW YORK

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IN RE: METHYL TERTIARY BUTYL ETHER
("MTBE" PRODUCTS LIABILITY LITIGATION)

Master File No. 1:00-1898

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MDL 1358 (SAS)

This document relates to
Carl G. Morgan, et al. v. ExxonMobil Corp.*
05 Civ. 10259 (SAS)

M21 - 88

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AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

The undersigned hereby certifies as follows:

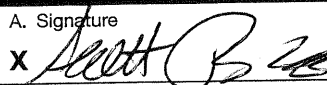
1. I am a competent person over the eighteen (18) years of age, and not a party to this action.
2. On April 3, 2012, I sent a Motion to Withdraw Appearance filed in this action, by certified mail to Scott Bocek on behalf of Defendant, Don Bar, Inc., at 276 Cherry Tree Square, Forest Hill, MD 21050.
3. The Motion to Withdraw Appearance was in fact received on April 6, 2012, as evidenced by the signature of Scott Bocek on the return receipt, a copy of which is attached hereto.

I DO SOLEMNLY DECLARE AND AFFIRM under the penalties of perjury that the matters and facts set forth herein are true to the best of my knowledge, information and belief.

Dated: April 27, 2012

/s/ Robert L. Hanley, Jr.
Robert L. Hanley, Jr.
Nolan, Plumhoff & Williams, Chtd.
Nottingham Centre - Suite 700
502 Washington Avenue
Towson, Maryland 21204
410-823-7800

Attorneys for Plaintiffs

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Scott Bociek Resident Agent for Dunbar, Inc. 276 Cherry Tree Square Forest Hill, MD 21050		B. Received by (Printed Name) Scott Bociek	C. Date of Delivery 4-6-12
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7010 2780 0003 1172 8548	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540